(ग) गांवों में गरीब, लोगों महिलाओं और लड़कियों की नि:शुल्क चिकित्सीय जांच करने और उनको दवाइयां वितरित करने के सबंधं में सरकार किन-किन मुख्य बातों पर ध्यान दे रही हैं, और

(घ) इस सबंधं में ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय के राज्य मंत्री (श्री सलीम इकबाल शेरवानी) : (क) और (ख) उपकेन्द्र, प्राथमिक स्वास्थ्य केन्द्र तथा सामुदायिक स्वास्थ्य केन्द्र देश के ग्रामीण क्षेत्रों में प्राथमिक स्वास्थ्य परिचर्या पहले से ही प्रदान कर रहे हैं।

(ग) और (घ) ये स्वास्थ्य केन्द्र ग्रामीण लोगों के सभी वर्गो को नि:शुल्क निवारक, प्रोत्साहक, उपचारात्मक तथा परिवार कल्याण सेवाएं प्रदान करते हैं।

Study on the progrces of Achieving the objective of Health for all

1745. SHRIMATI JAYANTI PATNAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have made any study on the progress of achieving the national objectives of Health for All;

(b) if so, the details thereof;

(c) whether Government propose to revise the target-date to provide Health for All; and

(d) if so, the steps taken thereon?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) to (d) The progress made in achieving the goals set out under the Health for All policy 1983 are reviewed frequently. The review indicates that the targets for Infant Mortality Rate, Crude Dealth Rate, Life Expectancy at Birth, Immunisation goals for pregnant women and infants and elimination of leprosy arc likely to be achieved. In the case of diseases like Tuberculosis and Blindness Control more time would be needed to achieve the goals fully.

Since the policy was adopted, the country has witnessed several changes in the disease profile with the addition of diseases like AIDS and re-emergence of older diseases. Non-communicable diseases like cardio-vascular diseases and cancer are also likely to grow with increased longevity. The priorities and targets are therefore constantly reviewed with a view to introducing measures for the prevention and control of these diseases.

Inadequate Priority to the Indian System of Medicine And Homoeopathy in the Eighth Plan

1746. SHRIMATI JAYANTI PATNAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the reasons for not according adequate priority to the Indian system of medicine and Homoeopathy in the Eighth Plan;

(b) the steps proposed to be taken to promote the Indian system of Medicine and Homoeopathy in the Ninth Plan;

(c) the fund earmarked therefor;

(d) the fund provision made in the Annual Plan 1997-98; and

(e) the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) The Government has given adequate priority to Indian Systems of Medicine and Homoeopathy. Government has created a separate Department for development & promotion of these systems in the 8th Plan.

(b) and (c): The 9th Plan proposals have not yet been finalised. However, the Deptt, have submitted proposals for the substantial increase in the outlay for the 9th Plan as compared to 8th Plan for the promotion of Indian Systems of Medicine and Homoeopathy.

(d) and (e) An amount of Rs. 35.30